

TOWN OF FORT FRANCES - SCHEDULE "B"
TRAVEL EXPENSE STATEMENT

1.	Attendee	June Caul						
2.	Conference/Seminar Attended	NOMA Conference						
	Location (Facility and City)	Kenora, ON						
	Dates	May 2, 3, 4 / 2018						

3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation					Pre-Paid by Town			
	Transportation								
	Breakfast								
	Lunch								
	Dinner								
	Per Diem								
	Other								

4.	Prepaid Expenses	Registration	Air Travel	Other	Total
		✓			

5.	Town Used Vehicle	Yes	(No)	Reason	Used by Others	Total
	Mileage Claimed			KM x CRA rate =	460 x Gas	43.01

6.	Approved		Total Expenses	43.01
			Advance Received	
			Balance Claimed	
			Balance Refunded	

The agenda must be attached to process payment

In claiming the above amounts, I certify that the expenses have been incurred on behalf of the Town, that the means of transportation were the most economical, with due regard to convenience, and that the expenditures were made in the exercise of my duties. NB – a valid and detailed receipt must accompany hotel Visa slips.

May 14, 2018
Date

June Caul
Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

Date	Treasurer	A / P	Cashier



Safeway Fort Frances
417 Scott Street Fort Frances ON
Phone: 807.274.4521
GST# 831536503

Served by: Derwin D

FUEL	
Gas Unleaded	\$43.01
<hr/>	
SUBTOTAL	\$43.01
TOTAL TAX	\$0.00
TOTAL	\$43.01
Debit	TENDER \$43.01
Cash	CHANGE \$0.00
<hr/>	
NUMBER OF ITEMS	1

MERCHANT 22260091 C
TERM SB2226009186 RCPT 2591000

** Purchase ** 43.01
MERCHANT 22260091 C
DEBIT #*****2047
ACCOUNT Chequing RESP 001
DATE 05/04/2018 TIME 15:11:31
AUTH # 153278 REF# 001263054
APPL. Interac
AID A0000002771010

00 APPROVED - THANK YOU

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

Retain this copy for your record

Term	Tran	Store	Oper	05/04/18
86	2591	4809	240	14:11:31

Thank you for shopping at Our Store
Come Again Soon



**Clarion Lakeside Inn and
Conference Centre (CNA65)**

470 First Avenue South
Kenora, ON P9N 1W5
(807) 468-5521
GM.CNA65@choicehotels.com

Account: 565327447

Date: 5/4/18

Room: 305 GROUP~

Arrival Date: 5/2/18

Departure Date: 5/4/18

Check In Time: 5/2/18 4:05 PM

Check Out Time: 5/4/18 8:51 AM

Rewards Program ID:

You were checked out by: tgalli

You were checked in by: pdet

Total Balance Due: 0.00

Caul, June
NOMA

*

Fort Frances, ON P9A3P9

Post Date	Description	Comment	Amount
5/2/18	HARMONIZED SALES TAX		15.15
5/2/18	Room Charge	#305 Caul, June	115.00
5/2/18	Destination Marketing Fee		1.50
5/3/18	HARMONIZED SALES TAX		15.15
5/3/18	Room Charge	#305 Caul, June	115.00
5/3/18	Destination Marketing Fee		1.50
5/4/18	Visa Payment		(263.30)
		XXXXXXXXXXXX1403	

Folio Summary 5/2/18 - 5/4/18

Room Charge	230.00
Destination Marketing Fee	3.00
HARMONIZED SALES TAX	30.30
Visa Payment	(263.30)
Balance Due:	0.00

This rate is not eligible for partner rewards.

GST824199590



TOWN OF FORT FRANCES - SCHEDULE "E"
TRAVEL WAIVER OF LIABILITY FORM

The Town of Fort Frances carries "Non-Owned Automobile" coverage for liability only. This coverage is for the situation where a liability claim exceeds the vehicle owner's liability insurance and does not include coverage for damages to the individual's vehicle.

Therefore, the undersigned acknowledges that:

- They have read and understood the above particularly with regards to insurance.
- The Town and its insurers will not be responsible for any damages, claims, deductibles or expenses (other than mileage or fuel costs as provided for in the Travel Policy) resulting from the use of one's own vehicle other than that provided for by the Non-Owned Automobile coverage.
- The Town will not be responsible for any additional insurance cost resulting from any claim(s) submitted to an individual's insurers.

Name (Please Print) <i>June Caul</i>	Signature <i>June Caul</i>
Approved	Date <i>May 1, 2018</i>

TOWN OF FORT FRANCES - SCHEDULE "F"
TRAVEL STATEMENT – MAYOR / COUNCIL HONORARIUM

Attendee	June Caul
Conference / Seminar Attended	NOMA
Location	Kenora, ON
Dates	May 2, 3, 4 2018

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			May 2	May 3	May 4			
Amount			160.00	160.00	160.00			480.00

Name (Please Print)	Signature
June Caul	June Caul
Approved	Date
	May 17, 2018

To be submitted to Payroll for processing when approved by Council